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Factors Which Put Social Workers at a Greater Risk for Burnout

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Running Head: FACTORS WHICH PUT SOCIAL WORKERS

Factors Which Put Social Workers at a Greater Risk for Burnout

by

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MSW Clinical Research Paper

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University - University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

This systematic review was designed to answer the following research question: What factors put social workers at risk for experiencing burnout. Databases searched were SocINDEX and Social Work Abstracts. Articles pertaining to professional burnout involving social workers were selected based on information gathered in peer-reviewed articles from the database search. Articles were systematically searched using the keywords and phrases secondary trauma, interventions, mental health professions, vicarious trauma, and clinical social workers. Out of the available articles, 14 were selected to be included in this review. Through review 2 primary themes emerged 1) occupational environment and 2) personal factors. Occupational environment refers to the aspects of the work environment that can impact a social worker such as the agency, management, co-workers, and clients. Personal factors refer to aspects of the individual social worker such as personal history of trauma or the coping skills they possess. The research indicated the need for looking at how burnout occurs and can impact social workers. Additionally, it was apparent that there is a necessity to generate research that can be applied across various social work roles.

Keywords: burnout, coping skills, stress, trauma

Table of Contents

Introduction	4
Methods	20
Research Synthesis	22
Discussion	32
Limitations	33
Implications for Clinical Social Work	35
Suggestions for Future Research	36

Appendix A: Included Articles and Summary

Appendix B: Articles and Research Variables

Introduction

Individuals who enter the helping profession put themselves in the position of encountering negative events that will impact various aspects of their lives. Social workers have increasing demands placed on them as caseloads become larger, more rules are implemented, and greater expectations around performance. Per the National Association of Social Workers, a social worker is defined as an individual who helps "people increase their capacities for problem-solving and coping skills". Social workers help people obtain needed resources, facilitate interactions between themselves, their peers and their environments. They strive to make organizations responsible to people and influence social policies. Working directly with individuals does not come without risks to the social worker. To assess the risk and protective factors that influence burnout among social work professionals a systematic review will be utilized. A systematic review is a method of analyzing multiple studies on a specific topic area (Uman, 2011). Given that the social work profession is varied in types of populations served and environments social workers work in, utilizing a systematic review will allow for an objective look.

The emotionally demanding aspects of this profession increase the risk for social workers to experience burnout. The definition of burnout varies from the environment in which it is applied. However, the consensus for defining burnout is an individual who feels emotionally exhausted, experienced depersonalization, lack of interest in work, and has decreased feelings of self-worth (Hombrados-Mendieta & Cosano-Rivas, 2013; 2011; Savaya, 2014; Sprang, Craig, & Clark, 2011).

Siebert, (2006) conducted a study to address burnout and what the personal and occupational factors are among practicing social workers. The sample in this study was 1000 members of the North Carolina NASW chapter who were actively practicing. Participants were given a copy of the Maslach Burnout Inventory and a single item self-report burnout measure to assess areas such as personal trauma history, personal characteristics, workload, work experience, and occupational environment. The social workers assessed yielded results indicating a current burnout rate of 39% and lifetime burnout rate of 75% (2006). The author showed that a combination of personal (personal trauma history, difficulty with childhood, and feeling overly responsible for clients) and occupational (hours worked per week, stressful caseload, and supervision) actors contributed to burnout, highlighting the importance of giving the topic active versus passive attention. The biggest indicator of burnout was found to be working in a stressful environment.

In a study by Azar (2000), the researcher sought to understand what can be done during supervision to help mitigate the symptoms of burnout and describe what burnout looks like. In his study, he states:

"being quick to show anger and experience frustration/ irritation; crying easily and finding it difficult to hold in feelings; feeling people are out to get you; engaging in heightened risk taking; substance abuse; showing excessive rigidity, stubbornness, and inflexible thinking (e.g., can't be reasoned with); becoming the "house cynic"; looking, acting, and seeming depressed and keeping to yourself more; spending greater and greater numbers of hours on tasks, but with less and less being accomplished; and living to work" (2000).

In a study by Craig and Sprang (2010), they emphasize that while there are negative consequences of burnout for social workers it also negatively impacts their clients receiving services. This study sought to determine if utilization evidence-based practices for a therapist with trauma experience would mitigate the effects of burnout and compassion fatigue, while increasing compassion satisfaction. Participants for this study were selected from a random sample of practitioners from Clinical Psychology and Clinical Social Work from the National Association of Social Workers (NASW) who identified as having experience working with trauma. To measure burnout, compassion satisfaction, and compassion fatigue the Professional Quality of Life Scale (ProQOL-III) was utilized. To measure evidence and non-evidence based practices, the Trauma Practices Questionnaire was utilized. The authors did find evidence to support the hypothesis that evidence-based practices reduced burnout and compassion fatigue while increasing compassion satisfaction, but did indicate that the number of seasoned therapists who participated could have led to data that wasn't generalizable to all practitioners.

Having a desire to help others is a characteristic possessed by individuals who enter the helping profession. However, having a desire to help others is not enough. A social worker requires education and training to help them build the necessary skills to provide help to clients. The training and education required to be a social worker do not negate the fact that the worker needs to be in a healthy mental and emotional state to provide quality service. Burnout can impact the quality of service to the client when the worker's ability to be present and attend to their client's needs is compromised (Kulkarni et al., 2013).

The quality of the services provided is directly related to the stability and skill of the social worker (Hombrados-Medina & Cosano-Rivas, 2013; 2011). With the main instrument,

available to a social worker being themselves, taking special care to attend to their personal wellbeing needs to be a priority (Hombrados-Medina & Cosano-Rivas, 2013; 2011).

The literature on burnout in social work touches on the following issues; a) the nature of social work, b) counter-transference issues, c) secondary traumatic stress, d) coping with the demands of the job, and e) protective factors.

Nature of Social Work

The field of social work is vast and broadly defined with work being done in a range of settings with a variety of client populations. Due to the diverse nature of the profession this paper will break down the nature of social work into four areas; a) environment, b) population c) workload, and d) turn over.

Environment

Social work positions vary a great deal due to the diversity of the profession. Positions vary due to the type of agency, population served, and the structure of the program. Different social service settings will lead to different factors impacting the social worker. Low pay, lack of resources to meet client needs, and legal implications are occupational factors that impact burnout (Anderson, 2000; Cahalane & Sites, 2008).

Savaya (2014) conducted a study of 363 social workers from Israel employed in direct service to assess the impact of burnout of three job-related stressors; abuse by service users, thwarted implementation of professional decisions, and job-related dilemmas. This qualitative study utilized the Maslach Burnout Inventory, to assess daily stressors. Two separate studies were run with two sets of social workers. Findings indicated that two variables, place of

employment and abuse by service users, contributed to all three dimensions of burnout; emotional exhaustion, depersonalization, and personal accomplishment.

Kulkarni, Bell, & Hartman (2013) conducted a study to address how individual and organizational factors impact compassion satisfaction, secondary traumatic stress, and burnout among domestic violence service providers. In the study, 236 providers were surveyed using a 160-item questionnaire created by utilizing the Professional Quality of Life R-IV and Areas of Work life scales. Utilizing the Person-Environment Fit Model, "which highlights compatibility between an individual worker's characteristics and his or her work environment", they found that mismatches in work life areas showed to be a significant factor in burnout. The mismatched areas included workload, community, control, rewards, fairness, and values. As Kulkarni, Bell, & Hartman (2013) concluded; "Work life mismatches can be a useful guide in creating healthy workplaces for service providers in the domestic violence field". The study found that the perception of the provider in having an unreasonable workload was the strongest risk factor (2013).

In addition to high workloads, social workers are impacted by a host of environmental factors that contribute to stress for the worker. A study by Cahalane & Sites (2008) looked at retention among child welfare workers and if there are differences in burnout for those who stay in the field and those who leave after their legal work commitment was fulfilled. A longitudinal study was conducted with individuals who were a part of a Title IV-E program in Pennsylvania that participated in the Child Welfare Education for Leadership program (CWEL). The program requires students to stay with their sponsoring agency for a specified time following graduation from the graduate program. Study participants were selected over the course of 4 years in order to gather data from those still employed and those who have left following their commitment. A

total of 305 graduates participated in the study by completing the Children's Services Organizational Climate Survey. Findings showed that the individuals who left reported higher levels of emotional exhaustion, lower perceived agency fairness, and higher levels of role conflict and role overload as compared to those who remained with their agencies (2008). What the authors concluded was that burnout was less of a factor in retention as was how the worker perceives the value of their job.

According to Cahalane & Sites, (2008), there are additional factors that influence social worker's job satisfaction, being 1) their relationship with colleagues, 2) the quality of supervision and 3) their degree of training. The relationship a social worker has with a supervisor sets the tone for how the social worker experiences the environment. The supervisor is responsible for supporting the social worker in processing their experience with clients, providing feedback and direction, as well as address the importance of self-care (Azar, 2000). "Supervision is very frequently cited by graduates of the CWEL program as crucial to their success, their level of job satisfaction, and their sense of support by the agency" (2008). These factors become interrelated issues around burnout and high turnover rates. Low resources to adequately perform job expectations is commonly found in many social work positions (Cahalane & Sites, 2008).

Population and Workload

Varying client needs leads to workloads that are not equal for a social worker (Koeske & Koeske, 1989). Social workers will engage in client contact with clients who have experienced trauma, who have varying mental health diagnoses, clients with physical or developmental disabilities, and from different backgrounds. The diverse nature of the field creates degrees of variance for the worker. Articles focused on during the study have highlighted populations that

include: child welfare workers, managed care workers, direct contact with traumatic events, victims of abuse and neglect, and victims of family violence. This allowed for a more diverse look at burnout and how it is addressed in different areas.

Sprang, Craig, & Clark (2011) conducted a study to assess predictors of secondary traumatic stress and burnout among child welfare workers. Participants were selected from a list of professionals from six states that had high levels of pediatric deaths during 2009 from the fields of social work, psychology, and marriage and family therapy. A total of 669 individuals participated in the study after being invited via electronic invitation and completed online surveys utilizing Survey Monkey, an online tool. Participants were asked to identify demographic information as well as complete the Professional Quality of Life—R-IV 20-item self-report tool to measure their risk of compassion fatigue and burnout. The authors hypothesized that individuals with frequent and ongoing contact with violence against children would experience high levels of stress. Findings show that religious beliefs or spirituality can act as a buffer to prevent burnout. However, this is not entirely conclusive given that religion and spirituality were broadly defined in this study. Gender did seem to be a predictive variable showing that males reported higher levels of secondary traumatic stress and burnout, however, this could be due to a sampling bias (2011). The nature of working with children versus adults can be very different. The child welfare workers are charged with:

"Interviewing child abuse victims about the violence they endured, reading case files that documented cruel and abusive acts, physical threats from alleged perpetrators, and listening to the repeated retelling of a child's traumatic experiences are work related tasks that can make a child protection worker vulnerable to work-related distress" (Sprang, Craig, & Clark, 2011)

The exposure to a client's trauma can have a negative impact on the worker (Savaya, 2014). This indirect exposure to trauma is referred to as Secondary Trauma, which will be addressed separately later in the study. In addition to indirect exposure, the social worker is at risk of direct exposure from their client. A worker can be at risk for abuse by their clients and others that are connected to their clients (Sprang, Craig, & Clark, 2011; 2014). Savaya (2014) highlighted that working with service users creates stressors for the social worker due to problems interacting with service users, frequent contact with patients with chronic illnesses, and exposure to death and dying.

"To our knowledge, however, little, if any, the earlier research examined the impact of burnout of the type of stressful encounters with service users, marked by verbal and physical abuse, deception and manipulation, and the violation of boundaries, reported by the participants in our study" (2014).

Service user abuse (abuse by clients and/or patients), has not been fully studied in current literature except among studies addressing specific populations (Savaya, 2014). Concrete correlations among service user abuse do not seem to be defined by specific factors. However, the concept of risk for the social worker to experience stressors from working with clients has been addressed (2014). Due to the lack of information regarding the impact of work with clients on the social worker, Savaya (2014), conducted a study to assess that impact.

In a study by Koeske & Koeske (1989) a qualitative study was conducted with a sample of MSW students currently employed in direct practice to assess if workload and burnout are impacted by social support. Participants were surveyed utilizing a questionnaire to test either the main or interactive effects of workload. The criteria for the sample in the study by Koeske &

Koeske was specific to a geographical area of social workers in direct practice, and not the type of practice itself. The results of the study indicated that demanding workloads influenced burnout with low co-worker support being a critical factor (1989). Social support, specifically from co-workers, acts as an important buffer against burnout. They also found that workers who felt that they were ineffective or incompetent had higher reported burnout; however, this was largely associated with workers who worked in more of a crisis capacity (1989). In comparison, co-worker support proved to be more helpful in mediating burnout than the personal sense of accomplishment did.

Staff turnover

High turnover rates can negatively impact the worker and the organization with responsibilities of the departing worker being given to other workers, who already have full caseloads (Anderson, 2000; Conrad & Keller-Guenther, 2006). Turnover is utilized to describe the cycle of current workers leaving an agency and new workers entering (2000). Anderson (2000), from her study, identified factors which contribute to high turnover rates; "stressors originating in the individual worker, requirements of the job itself, and the work environment" From studies conducted in the United States Anderson, (2000), found turnover rates ranging from as low as 14% up to 75%. Higher turnover rates often lead to more work and increased stress for the existing workers (Koeske & Koeske, 1989).

The unfortunate reality is that departing workers often are not replaced immediately if at all, leaving the workers still employed to absorb the workload. "High turnover of Child Protection Social Workers places significant work overload on those who must cover their own plus departing worker caseloads" (2000, pg. 839). High workloads become difficult to manage

because of the influx of new cases that are limited in the amount of time a worker can take to open and investigate the case (2000). The increase in workload from vacant social work positions increase frustration and lack of service in the environment which often can also lead to more turnover (Cahalane & Sites, 2008).

There is overlap between burnout and these different areas, making it impossible to address burnout on its own (Gibbons, Murphy, & Joseph, 2011). Areas of concern associated with burnout include counter-transference, secondary traumatic stress (STS), and emotional contagion.

Counter-Transference

The concept of countertransference has somewhat evolved over the years. In the Freudian era, the idea was that the client's issues were "'countered' by the social workers' reactions stemming from the resonance and evocation of unresolved and largely unconscious conflicts in the social worker" (Gibbons, Murphy, & Joseph, 2011). This view implies a negative view of the phenomenon, making it something undesirable that the worker should likely avoid. The post-modern definition of countertransference does not see it as a distortion brought about by infantile conflict but rather experiences that lie in the social worker's past that are impacted by real events that shape their subjectivity. It is seen as a healthy process that is welcomed into the clinical arena.

Counter-transference is another way that client exposure can impact the practitioner working with them. When a social worker's experience burnout there is an increased risk of negative counter-transference reactions. (Gibbons, Murphy, & Joseph, 2011). According to Gibbons' Murphy & Joseph (2011) burnout negatively impacts the social worker's state of mind

which results in difficulties processing emotional material from their clients. Because counter-transference is the reaction of the social worker when exposed to the service user trauma, the worker could be from the “state of mind that the social worker holds” (2011). How much counter transference impacts the worker seemingly depends on their own experience and mental state.

Secondary Traumatic Stress

Secondary Traumatic Stress (STS) is evidenced by a worker displaying symptoms similar to Post-Traumatic Stress Disorder (PTSD) because of being exposed to a client's trauma (Adams, Boscarino, & Figley, 2008;2007; Gibbons, Murphy, & Joseph, 2011; Kulkarni et al., 2013; Sprang, Craig, & Clark, 2011). STS is a risk factor for social workers simply by being in a field where you are exposed to the trauma of others (Sprang, Craig, and Clark, 2011). Whether it is work with refugees, victims of domestic violence, or a disaster, the likelihood of encountering a client with a trauma history is relatively high. A desire to help others and the accompanying empathy that workers feel put them at risk for experiencing trauma like symptoms. Physical, emotional, and cognitive reactions that occur in a worker who is working with a client with a trauma history mimic the symptoms of PTSD (Kulkarni et al., 2013). Addressing STS when looking at burnout is important due to some researchers indicating STS being a casual factor of burnout (Bride, 2007; Kulkarni et al., 2013).

Exposure to a client's trauma is not indicative of the social worker developing STS. Bride, (2007) conducted a study to assess the prevalence of secondary traumatic stress among social workers. A survey was mailed to 600 master's level social workers in a southern US state of which 294 were returned. The survey consisted of the Demographic Information Questionnaire and the Secondary Traumatic Stress Scale. The goal of the study was to

investigate the prevalence of Secondary Traumatic Stress in the sample by "examining the frequency of individual symptoms; the frequency with which diagnostic criteria for Post-Traumatic Stress disorder (PTSD) are met; and the severity of STS levels" (2007). The sample in the study did identify that the majority of their work (97%) was with clients who have been exposed to trauma and needed to address those issues (2007). The results of the study indicated that most of the study participants (70.2%) experienced at least one symptom of STS but only 15.2% met the criteria for A PTSD diagnosis. According to Bride (2007), symptoms of STS include; intrusive imagery, avoidant responses, and psychological arousal. Intrusive symptoms include; recollections, recurring dreams, re-experiencing through flashbacks, hallucinations, and illusions which occur when exposed to stimuli that are associated with the event. Avoidant symptoms include; avoiding things that trigger a response, such as stimuli associated with the event, and loss of interest in doing things and detachment from others, and persistent anxiety symptoms.

However not all work will involve traumatized clients. Working with others and being involved in helping them find support and balance in their lives can be difficult and draining for the worker. There is some evidence to suggest that working with non-traumatized clients will yield symptoms of STS for the social worker. (Kulkarni et al., 2013). This could be because other factors can influence STS. In their study, Kulkarni et al., (2013), found that a positive relationship existed between self-care activities and STS while a negative relationship existed between leisurely activities and STS. Thus, active and avoidant coping strategies do not impact STS in the same fashion.

Coping and Protective Factors

There are different factors that are involved with a social worker's ability to cope with the varying aspects and demands of the field. Research yields key factors that point to protective factors. These include empathy, compassion satisfaction, emotional regulation, positive regard, and self-awareness.

According to Anderson, (2000), coping strategies are broken down into 2 tertiary scales, engaged and disengaged coping. Engaged coping highlights an individual's efforts to actively manage their stressors through problem-solving, cognitive restructuring, social support, and expression of emotions (Anderson, 2000). Disengaged coping highlights the individual's efforts to manage stressors in an avoidant capacity through problem avoidance, wishful thinking, socially withdrawing, and self-criticism (Anderson 2000). Through the results of the study Anderson, 2000, found that disengaged coping did not lead to participants scoring higher on the emotional exhaustion and depersonalization subscales of the Maslach Burnout Inventory as compared to those who utilized engaged coping found greater results on the personal accomplishment subscale.

Empathy

Empathy acts as a protective factor when it is present for a social worker. Empathy involves the ability to understand the thoughts, feelings, and emotional states of others (Wagaman, M. A., Geiger, J. M., Shockley, C., & Segal, E. A., 2015). Social workers who are empathic have the ability to understand their client's subjectivity and how this impacts their behavioral and relational interactions in the world. Empathy can help social workers maintain professional boundaries by training them to be mindful and employ emotion regulation in their

everyday practice, which may also protect social workers from decision-making patterns that reflect poor boundary setting and maintenance (Wagaman et al., 2015). In a study by Wagaman et al. (2015) researchers conducted an online survey, along with 2 measures; The Empathy Assessment Index and The Professional Quality of Life Scale, with field instructors in a university social work program. The goal of their research was to ascertain if higher levels of empathy were associated with lower levels of burnout. (Wagaman et al., 2015). What Wagaman et al. found was that overall empathy for the social worker provided an opportunity to proactively prepare to cope with the stressors associated with social work practice. "Self-other awareness is a cognitive component of empathy that emphasizes the ability to separate oneself from others, including one's thoughts and feelings, which is the process of setting and maintaining boundaries" Wagman et. al, 2015). Paying attention to these components of empathy is important in supporting the social worker to prepare for work in the field (Wagman et. al, 2015). The findings of Wagaman et al., 2015, study suggest that there is a significant opportunity to use empathy in the preparation of social work practitioners to cope with the factors related to burnout. The study findings also suggest that empathy may be a factor contributing to the maintenance of the well-being and longevity of social workers in the field (2015).

While empathy involves the social worker being able to understand the feelings for their clients, Alternatively, emotional contagion is "experiencing the emotions of others" (Siebert, Siebert, & Taylor-McLaughlin, 2007). Emotional contagion occurs when one party experiences an event but through interaction, multiple parties share the emotion (Siebert, Siebert, & Taylor-McLaughlin, 2007). Therefore, emotional contagion is not a shared emotional experience where both parties experience the same event, but when one party shares their experience of an event to

another and then the emotion becomes shared between them. Both emotional contagion and empathy look at ways in which the social worker responds to the client but differ in the process.

Emotional regulation

Emotional regulation is the cognitive component of empathy that helps the social worker regulate their state despite the frequency of exposure to clients and their trauma histories (Wagaman et al., 2015). Emotional regulation describes the social worker's ability to be aware of their emotions and regulate them (Wagaman et al., 2015). The ability to feel the distress of the client, empathy, but not internalize it allows for the social worker to understand their clients while positively maintaining their own emotional state (2015). Emotional regulation is a cognitive component of empathy which when employed will enable the social worker to understand their client and cope with their trauma in a positive way which, as previously stated, is a protective factor for burnout.

Compassion Satisfaction

Compassion satisfaction is not a direct factor for burnout, but rather it improves the work environment which is a strong factor for burnout (Craig & Sprang, 2010; Wagaman et al., 2015). With an increase in motivation and interest in work, a social worker will feel better about their work (Wagaman et al., 2015). Conrad & Kellar-Guenther (2006) sampled 363 child protection workers and found that almost 50% had a high risk of Compassion Fatigue while only 7.7% reported the high risk of burnout, raising questions about the differential levels of these conditions in a population at high risk for both problems. "We need to learn more about the relationship between compassion fatigue, burnout, and compassion satisfaction" (2006).

Self-Awareness

It is important for social workers to increase their own self-awareness and address their own needs (Wagaman et al., 2015). Doing this will enable the social worker to be better equipped to cope with the demands of their clients by enabling the social worker to understand their own limits and boundaries (2015). Establishing boundaries with clients and with the work environment is a preventative measure for burnout (2015). Other factors that are helpful in reducing the chance of burnout include healthy network, positive supervisor relationship, work support, advocating for self at work, resilience, maintaining physical health with exercise, sleep, and nutrition (2015).

A study by Acker (2010) was conducted to address how coping abilities impacted social workers in managed care settings in areas such as burnout. Acker (2010) administered a questionnaire packet to social workers working in New York state with a response rate of 591 out of 1,000. The measures utilized in the questionnaire included perceived competence in the context of managed care, problem-focused coping strategies, emotion-focused coping strategies, social support at the workplace, burnout, and somatic symptoms. Acker discovered that the way in which a social worker manages work-related stressors carries more significance than the existence of work-related stressors. "Coping strategies may be a protective factor against work-related stress/burnout because they alter or modify the individual's response to stressors and may assist the individual in developing and increasing their resiliency to later stressors" (Stevens & Higgins, 2002, pg. 314-315).

Methods

Research Purpose

The purpose of this systematic literature review was to better understand the question: what does the research literature identify as factors that put social workers at greater risk for experiencing burnout? For the purpose of this study, burnout refers to the negative effect (lack of motivation, decreased interest in work, and turnover) social workers have regarding their role in an organization and with their clients. To assess which factors place social workers at risk for burnout qualitative and quantitative studies were reviewed. Studies where the focus of the research was not the social worker were not utilized.

Search Strategy

The preliminary phase of research was conducted utilizing the databases of SocINDEX and Social Work Abstracts. The initial search yielded a large body of information that was not specific to the research question. To narrow down the results, the search words were first run individually and then run combined. This allowed the results to be more specifically related to the research question.

Review Protocol

Peer-reviewed, full-text articles were considered for this project. Articles were found using SocINDEX and Social Work Abstracts. During the process of reviewing articles, expansion was done via researched articles to include articles that were referenced in researched articles. Articles were searched for and collected from November of 2015 until April of 2016.

Inclusion Criteria: In the databases of SocINDEX and Social Work Abstracts, searches were conducted with the following terms “burnout” or “secondary trauma” or “social workers” or “mental health professionals” or vicarious trauma” or “clinical social workers”. Additionally, burnout, social workers, and risk factors were also searched independently and then combined by selecting search results from all three. Most of the articles that were selected for further review were published after 2000; the exception being an article published in 1995, one in 1998, and one in 1989. Out of the 122 articles yielded during the initial search, 18 were selected for further review from SocINDEX and 1 from Social Work Abstracts. The search conducted from Social Work Abstracts only yielded 1 new article that was not found during the search in SocINDEX that met the inclusion criteria. Additional research was done to provide more context to the project largely to help provide background and definitions for concepts.

The focus of this research was to look specifically at social workers and the risk factors and protective factors related to burnout. Review of the articles looked for themes around the factors that were identified in the various articles. The variables specified for this project targeted population, burnout, addressed risk factors for burnout, and coping or protective factors. Articles that had variables that fit in with the themes were kept for further review, as well as articles utilized to provide contextual information (see Appendix B).

Exclusion Criteria: Of the 128 articles yielded during the search 108 were disregarded due to indications that the article was not focused on the clinician, did not fit within the parameters of the research question or the research variables, or were outliers. Appendix A shows a list of articles and the databases they were found in.

Research Synthesis

The purpose of this systematic literature review was to address the question of what factors pose a risk for a social worker experiencing burnout. Using the databases of SocINDEX and Social Work Abstracts, and working within the exclusion and inclusion criteria above, 14 peer-reviewed articles met the criteria laid out above. Of the 14 articles included in this study, 11 (%) were focused on both risk factors and protective factors. The remaining 3 (%) focused on risk factors. Of the 11(%) articles that focused on both risk factors and protective factors, only 6 (50%) had social workers as the focused population. The remaining articles included other professionals such as therapists and welfare workers.

The research in the included articles focused on the work of professionals in the field of social work in a multitude of environments that included: child welfare, family violence, domestic violence, and trauma survivors. Articles reviewed for this project utilized various scales and surveys which include: Coping strategies inventory, Maslach Burnout Inventory, different versions of the Professional Quality of Life Scale, areas of work life scale, compassion satisfaction/fatigue self-test, and the empathy assessment index.)

The two main categories were identified as occupational factors and personal factors. Within the first two categories, there were also sub-categories that were identified. For occupational factors; worklife mismatch, workload, lack of coping, job commitment, role confusion and work pressure, feeling undervalued, lack of support, conflict with clients and families, place of employment, and abuse by service users were identified. For personal factors, personal history of trauma and coping strategies were identified.

Occupational Environment

Workplace environment was identified as a major variable in contributing to burnout. Aspects that make up a workplace environment include the style of management, type of conditions, job responsibilities, and relationships between co-workers. The following studies will highlight the factors related to burnout in the occupational environment. Multiple researchers studied how burn out was impacted by workplace variables. (Kulkarni, Bell, & Hartman, 2013; Siebert, 2006; Savaya, 2014; Acker, 2010; Gibbons, Murphy, and Joseph, 2011; Barford & Whelton, 2010; Hamama ,2012a; Hamama, 2012b; Koeske & Koeske ,1989 and Quinn-Lee, Olson-McBride, & Unterberger ,2014). Factors impacting the occupational environment can be broken down into two areas; subjective factors and concrete factors. Subjective factors include; work-life mismatch, workload, lack of coping, job commitment, poor understanding of roles, a high degree of work pressure, lack of support, and conflict with clients and families. Concrete factors include; place of employment and abuse by service users.

Mismatch Worklife

The study by Kulkarni, Bell, & Hartman (2013) found that the most significant factor in predicting burnout to be mismatches between work life areas. Work life areas included workload, community, control, rewards, fairness, and values. “To the extent that these mismatches increase risk or convey protection, these work life mismatches can be a useful guide in creating healthy workplaces for service providers in the domestic violence field” (2013). As previously stated, the goal of the Kulkarni, Bell, & Hartman (2013) study was to, address how individual and organizational factors impact compassion satisfaction, secondary traumatic stress, and burnout among domestic violence service providers. The authors utilized a 160-item

questionnaire created by utilizing Professional Quality of Life R-IV and Areas of Work life scales to assess the information by utilizing the Person-Environment

Workload

Quinn-Lee, Olson-McBride, & Unterberger (2014) conducted a study to assess burnout and how it is associated with death anxiety among hospice social workers. In the study 290 hospice social workers from MN and WI participated in the study which utilized a mixed method approach with qualitative and quantitative data. The survey consisted of the Maslach Burnout Inventory-Human Services Survey, Death Anxiety Questionnaire, demographic questionnaire, and a set of open-ended questions related to hospice social work. The results of the study concluded that “high workloads/caseloads and insufficient support were the major factors contributing to participants burnout” (2014). Further research specifically into death anxiety and burnout would be necessary to better understand how it impacts hospice social workers (2014).

Quinn-Lee, Olson-McBride, & Unterberger (2014) found that workload was a subtheme that contributed to burnout. Participants in this study were hospice social workers who defined high caseloads as consisting of 40 clients, providing grief support, and bereavement visits (2014). One response from the survey describes the circumstances that lead to stress and burnout “high caseloads (ex. 40 patients, also doing grief support groups and bereavement visits), too many responsibilities,—unable to meet timelines. Did not eat or sleep well”. The authors conclude the following about the relationship between workload and burnout:

“Responses within the first subtheme indicated that clients’ end-of-life circumstances were most often not the cause of stress or burnout; rather, it was large caseloads and a long work week the high amount of hours worked as the source of their stress. They

indicated that increased workload and caseload prevent them getting adequate rest and from providing the necessary care and attention to clients and their families” (2014).

Lack of coping

Addressing the role coping plays in burnout was studied by Kulkarni, Bell, & Hartman (2013) and Acker (2010). Kulkarni, Bell, Hartman (2013) found that “providers’ time spent in leisure had a positive relationship with burnout”. That is to say that time spent in avoidant coping (watching tv, time off work, etc...) was a response to burnout rather than a coping strategy. While Acker (2010) found that “although competence in the context of managed care had statistically significant correlations with coping and several of the burnout symptoms, those relationships were not evident in the multiple regression analyses”. That is to say that how one manages their stressors holds more importance than the stressor itself. In their study Kulkarni, Bell, & Hartman (2013) utilized measures from the Professional Quality of Life R-IV and Areas of Worklife scales to assess factors for burnout amongst domestic violence service providers. In her study, Acker (2010) utilized scales to assess perceived competence in the context of managed care, problem-focused coping strategies, emotion-focused coping strategies, social support at the workplace, a modified version of the Maslach Burnout Inventory, and for somatic symptoms for social workers in managed care settings to understand how social workers cope in managed care settings.

Job commitment, role confusion, work pressure

Barford & Whelton (2010) conducted a study to assess burnout and the impact of burnout on child and youth care workers. The study participants included 94 youth and childcare workers from 8 different agencies in a western Canadian city. Utilizing the Maslach Burnout Inventory

the authors found that a lack of job commitment, lack of understanding of the role, and a high degree of work pressure to be factors for those who experienced a high amount of emotional exhaustion, a component of burnout. “Considering that emotional exhaustion is regarded as the most important burnout dimension and that it is primarily predicted by work environment variables, overall burnout could possibly be reduced in child and youth care facilities by improving working conditions” (2010).

Feeling undervalued

Gibbons, Murphy, & Joseph (2011) conducted a study to assess growth in social workers and how it associates with job satisfaction, burnout, and perceived value of social work. The study participants were 62 practicing social workers in Nottinghamshire, England who were given a survey that consisted of the Professional Quality of Life Scale, Posttraumatic Growth Inventory, Changes in Outlook Questionnaire, and Perceived Value of Social Work Scale. Utilizing the survey the authors assessed for the value that social workers attached to their work. “Social workers believed that in general they did feel undervalued by the media, the public, and other professionals; however, they did attach value to the work they did and agreed that social work is valuable” (2011). “This discrepancy between the value they believe their profession deserves and the value that they think others actually give to it could be one of the reasons that they scored highly on the burnout scale” (2011).

Lack of support

Support in the workplace was addressed by Kulkarni Bell, & Hartman (2013); Hamama, (2012a); Hamama, (2012b); Siebert 2006; and Bradford and Whelton (2010). Kulkarni, Bell, & Hartman (2013) in their research study found that support from the organization was not

correlated with the degree of burnout. Whereas Hamama (2012a) found that a higher degree of burnout was experienced when the organizational manager was not supportive.

Both Hamama (2012b) and Siebert (2006) found that a negative correlation exists between support from supervisors and degree of burnout experienced. Hamama, (2012b) found that this extended for co-workers as well. Hamama, (2012a), found that there is a difference in the support from co-workers, emotional support, vs. supervisors, practical support. Hamama, (2012b) found that workers without much seniority experienced a lower level of burnout when receiving stronger support from coworkers and direct supervisor.

Barford & Whelton (2010) found social support, in combination with work and personality variables impacted the emotional exhaustion dimension of the Maslach Burnout Inventory impacted overall burnout.

Conflict with clients and families

In their study, Quinn-Lee, Olson-McBride, & Unterberger (2014) identified that conflict with client's families was related to burnout. The qualitative part of the study found evidence of conflict with patient's family contributing to burnout through the following quotes. "Family strife issues are my biggest challenge, especially when I am at my lowest-energy, usually at the end of a day, late/afternoon. I tend to be much more challenged than to remain professional" (2014).

"Patient who needed us almost every day, dysfunctional family—son diverting patients pain treatment—his sister stepped in to help but she was interested in her own way—just presented more problems. At time of his death—family fighting, called police- a huge mess! I feel burned out when I work so hard and patient=family continually change goals,

plans, upset things in place at the last second and in the end when patient dies—they blame me or there is no thank you – not easy to help refill my cup just a tiny bit” (2014).

Place of employment

In Savaya’s (2014) study of 363 social workers in Israel, the author found that place of employment was the most significant factor related to burn out. “The findings show that two variables, place of employment and abuse by service users, contributed to all three dimensions of burnout among the social workers in this study” (2014). The dimensions of burnout, according to the Maslach Burnout Inventory, are emotional exhaustion, depersonalization, and personal accomplishment (2014). The author states that this finding was not expected given that it was not the aim of the paper, rather it was a byproduct of being included in the study for “methodological reasons” (2014). Further research aimed specifically at analyzing employment environments would be necessary (2014). Abuse by service users will be addressed in a later section.

Quinn-Lee, Olson-McBride, & Unterberger (2014) found that issues with the institution were a factor for burnout among hospice workers. As previously stated, the study utilized a qualitative measure in which information, such as the following quote were captured;

“I worked for an agency where senior management wouldn’t listen to or respond to staff’s concerns over a new manager. Despite meeting, counseling sessions with an outside mediator and face to face with entire staff, manager and senior management, nothing changed” (2014).

Abuse by service users

Savaya (2014) found that abuse by service users to be a factor for burnout, contributing to all three dimensions of the Maslach Burnout Inventory, as stated previously, “The explanation may lie in the fact that social workers are educated and trained to understand that thwarted decisions and job-related dilemmas are integral to their professional work, but not to expect or to handle abuse by service users” (2014). Savaya (2014) defined service user abuse to be psychological and physical violence from hostile and angry service users.

Personal Factors

Factors specific to the social worker was identified as a major variable in contributing to burn out. Stevens & Higgins (2002); Siebert (2006); Anderson (2000); Acker (2010); and Kulkarni, Bell, & Hartman (2013) conducted studies utilizing multiple work populations and a variety of variables to determine how they may, or may not have, increased burnout for the worker. Personal factors impacting the social worker were broken down into two theme areas; history of trauma and coping strategies. To assess for personal factors the authors in the studies utilized the Maslach Burnout Inventory in conjunction with other measurement tools to determine the degree to which variables correlated with dimensions of burnout.

History of Trauma

Stevens & Higgins (2002) and Siebert (2006) addressed the social worker’s history of trauma and how it impacts burnout. Stevens & Higgins (2002) conducted a study to assess the symptomology of professionals who work with maltreated children, their personal histories, and coping strategies. The study sample consisted of 44 professionals who work with maltreated children in Australia. A survey was completed by each study participant that included; the Family Adaptability and Cohesion Evaluation Scales, Comprehensive Child Maltreatment Scales

for Adults, and the Trauma Symptom Checklist-40. The results of the study did not show a correlation between lower levels of trauma symptoms and burnout. “Despite reporting exposure to childhood trauma and being continually exposed to traumatic material in their jobs, for these individuals their childhood history was not associated with burnout” (2002). The authors identified some issues with the study related to a broad range and not clearly defined concepts of trauma (2002).

The extent that a social worker’s personal history with trauma impacting their work was found to have mixed results. The study by Siebert (2006) utilized 1000 actively practicing members of the North Carolina NASW chapter to assess personal factors associated with burnout. What Siebert (2002) found was that social workers who have a personal history of trauma and abuse have a positive correlation with a higher degree of burnout. However, not all trauma is the same and definitions are not consistent which could lead to issues with the research results (2006).

Coping Strategies

Coping strategies was assessed by Acker (2010); Anderson (2002); Kulkarni, Bell, & Hartman (2013); and Stevens & Higgins (2012) to determine how coping strategies impacts burnout. Coping strategies were broken down into two themes; active or avoidant. Active coping strategies, or engaged, referred to an “individual’s attempt to actively manage” (2002). Avoidant, or disengaged coping referred to “the individual’s attempt to manage the stressful person-environment transaction by avoiding thinking or talking about the situation” (2002).

Acker (2010) studied social workers in managed care organizations to assess how they cope with the job. The results showed that “problem-focused coping was found to have

statistically significant low positive correlations with emotional exhaustion (EE), depersonalization (DP)” (2010). Acker (2010) defined active coping as problem-focused coping that involves “active behaviors and deliberate efforts to solve the situation and the use of social support”.

“Workers in this sample who rely on the active coping strategies do less depersonalizing of their clients and feel a greater sense of accomplishment at work. Additionally, workers who use avoidant coping strategies are more likely to suffer emotional exhaustion, feelings of depersonalization, and a diminished sense of personal accomplishment” (Anderson, 2000, pg. 845), describing how avoidant coping strategies impacted the dimensions of burnout.

Kulkarni, Bell & Hartman (2013) in their research on burnout found that when a social worker engages in avoidant coping strategies they are doing so in a response to the symptoms of burnout. These avoidant coping strategies are less intentional, including activities such as an increase in watching television or sleeping. When there is more time given to active coping, such as stress management skills and self-care techniques, the coping actions act as a protective factor against burnout. The study by Stevens & Higgins (2012) contradicts Kulkarni et al. (2013). Stevens & Higgins (2012) found that there was not an association between positive coping strategies and burnout subscales.

Discussion

Summary

This systematic review was set up to review the research that looked at factors contributing to burnout for social workers. This systematic review on burnout of social workers yielded a plethora of information that was varied in its findings due to studies on varying populations served and varying contributing factors.

The study was set up utilizing pertinent inclusion and exclusion criteria to narrow down the available information. The resulting information indicated that there are factors that contribute to burnout for social workers across the profession and understanding these factors is an important piece in not only helping the social worker manage but enabling them to provide the best quality service to their clients.

The first theme found in the literature focused on the occupational environment for the social worker. These articles included social workers employed in varying settings from working with maltreated children and families as well as hospice social workers supporting terminally ill patients and their families. The settings varied and the locations ranged from parts of the United States to England, Israel, and Australia. Such varied settings yielded inconsistent results with the limited amount of overlap among the various sub-theme areas. Likely this may be due to too broad a focus, which will be discussed later in the limitation section.

However, even with varying themes and factors, the majority of the findings did emerge under the occupational environment theme. Lack of coping and support were the two sub-theme areas with the most crossover amongst the articles reviewed for the study. General consensus indicated that how a social worker manages the stressors carries more weight than the stressor

itself. Kulkarni, Bell, & Hartman (2013) described two different types of coping, avoidant and engaged, to indicate how not all coping strategies are equal. Support was addressed regarding organizational support, managerial/supervisor support, and support from co-workers. The seven articles addressing support varied in conclusions due to some authors looking at different combinations of the type of support. Studies done were narrowly focused on job type, reactive strategies, and factors that increase the probability of burnout occurring.

The occupational environment was addressed in the majority of the research reviewed. Largely it was addressed from a reactive standpoint. How varying aspects of the work environment can lead to burnout and what supports can be put into place when those instances occur. There was some identification on taking more of a proactive stance.

Personal factors specific to the individual was the second theme area identified. Within the theme history of trauma, coping strategies, and support were discussed among the articles reviewed. There were inconsistencies in the research in this area two as to how specifically this area impacts the individual social worker. Discrepancies in the research largely come from a lack of concrete definitions for variables. As previously stated Siebert (2006) discussed how not all trauma is the same nor are the definitions consistent. Inconsistency in definitions lead to results that are not conclusive.

Limitations

The intent of this review was to provide information regarding burnout factors among social workers. However, there were limitations that arose during the study. The first limitation and the largest was inconsistencies in study samples among the articles reviewed. On the surface, the various articles addressed workers from a variety of client populations in a variety of settings

agency wise as well as location. Within the study's authors such as Sprang, Craig, & Clark (2011) described limitations in their own samples "this study did not sample from master lists of CW professionals; rather this subsample of CW professionals was included through their membership in professional organizations or certification/licensing board rosters, along with other behavioral health groups".

As well as Kulkarni, Bell, & Hartman (2013) who stated that differences amongst hours worked could have impacted the results

"although we assessed the number of hours providers worked directly with domestic violence survivors, we did not account for the proportion of hours with actual hours worked. Therefore, part-time workers might have had a higher proportion of time spent directly with domestic violence survivors than full-time workers, and this difference could have skewed some results associated with this variable".

Acker (2007) discussed differences in the sample with regard to age and current emotional status having an impact on the results of the study.

"Because of the respondents' advanced age and work experience, as well as their higher level of education, they may be more competent and better prepared in dealing effectively with the challenges and demands associated with managed care practices. Younger and less educated workers may be at a disadvantage when negotiating and intervening with managed care organizations in comparison to the more experienced and skilled workers" (2007).

"A similar response set to different scales that measure respondents' feelings and perceptions about their job could be a result of a temporary mood of respondents at the

time of responding to those measures, as well as it can be related to a social desirability factor” (2007).

Limitations arose in addressing the relationship between a social worker’s personal trauma history and their current coping skills with relation to burnout. Some limitations identified in assessing trauma symptomology was the presence of short-term stressors (such as a recent death in the family, move, or other life change) that could account for the symptoms rather than a history of trauma (Stevens & Higgins, 2002).

Due to these factors information gained from previous research cannot be generalized to the social work profession. It can be difficult to assess consistency in research when there is so much variation in the research that is conducted. An approach that works to operationalize variables so that information can be generalized to various social work settings would be beneficial.

Addressing the personal factors and support factors identified some of the proactive strategies that could be put into place to decrease the likelihood of burnout occurring. To date, the research in this area has been far from conclusive. The variety of positions available within the social work profession combined with the differing aspects to each role makes addressing burnout a monumental task. Kulkarni et al. (2013) addressed the need for looking at how both the individual and the organizational factors fit together.

Contribution to Clinical Social Work

Throughout this systematic review, there was evidence to support the need for understanding burnout and how it impacts the social worker. Researchers have only started to scratch the surface on this topic, leaving little in the way of concrete information that can be

generalized across the field of social work. This was evident by the variety of agency settings, populations served, and the role of the social worker with minimal crossover in findings.

Understanding burnout, the factors that play a role and the way it can be managed, will help pave the way in taking a proactive approach to supporting social workers in preventing burnout. The importance of understanding burnout extends beyond taking care of the individual. When a social worker is burned out there is potential for a negative impact on the organization, program, and client's served.

Suggestions for Future Research

Future research should look at assessing burnout and being able to generalize risk factors across all domains of social work. The first step would be to operationally define burnout. The definition of burnout varied among the articles reviewed for this study. Defining burnout would be a necessary foundation for furthering research in this area. The second step would be to define the variables, or factors, associated with burnout. There were two theme areas, occupational environment and personal factors, that emerged from the research but within each theme there was not a great deal of overlap amongst the different factors. Lastly, the research should focus on assessing burnout across multiple environments. This would provide a generalized understanding of what increases the risk of burnout among social workers will help individuals, employers, and educators take a proactive stance in help to prevent burnout.

Understanding how burnout can be prevented or managed would be the next step for research. Current research did touch on coping and protective factors for burnout but it was not the main focus. As previously stated, burnout has negative implications for the social worker, the

agency, and client. Decreasing burnout in the field of social work would positively impact the work that is provided.

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Appendix A: Included Articles and Summary

Database	TITLE	AUTHOR(S)	SUMMARY	Measures utilized
SocioINDEX with Full Text	How social workers cope with managed care.	Acker, G. M. (2010).	This study addressed the relationships between social workers' experiences with managed care organizations, coping strategies, burnout, and somatic symptoms associated with stress.	NA
	Compassion fatigue and psychological distress among social workers: A validation study.	Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006)	Addressed the impact of providing services to clients in a traumatic setting, or clients with trauma backgrounds, and how that impacts the social worker.	NA
	Coping strategies and burnout among veteran child protection workers.	Anderson, D. G. (2000)	Assess how child protection workers cope with their job stressors and how those	Coping strategies inventory Maslach Burnout Inventory

			coping strategies impact variables such as burnout.	
	Understanding burnout in child and youth care workers	Barford, S. W., & Whelton, W. J. (2010).	Found that social support, with work and personality variables, impacted the emotional exhaustion, a component of burnout.	Maslach Burnout Inventory
	Prevalence of Secondary Traumatic Stress among Social Workers	Bride, B. (2007)	Social workers often work with victims of various traumas. The goal was to assess the prevalence of secondary traumatic stress among social workers.	NA
	The climate of child welfare employee retention.	Cahalane, H., & Sites, E. W. (2008)	Addresses the impact on clients and professionals in the child work field when there is high worker turnover.	NA

	Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists.	Craig, C. D., & Sprang, G. (2010)	Addresses how the effects of prolonged exposure to traumatic client work and the potential responses for the worker that include burnout, compassion satisfaction, and compassion fatigue.	Professional Quality of Life Scale ProQOL-III Trauma Practices Questionnaire
	Countertransference and positive growth in social workers.	Gibbons, S., Murphy, D., & Joseph, S. (2011)	Addressed how social workers are impacted by varying aspects of the job and how they can prevent against negative issues and experience growth.	Professional Quality of Life Scale ProQOL-III Changes in outlook questionnaire Perceived value of social work
	Burnout, workplace support, job satisfaction and life satisfaction among social workers in Spain: A structural equation model.	Hombrados-Mendieta, I., & Cosano-Rivas, F. (2013;2011;)	Addressed the variables associated with burnout among social workers. To see how those variables, impact the social worker and where there is need for preventative support.	Maslach Burnout Inventory-General Survey

	Work load and burnout: Can social support and perceived accomplishment help?	Koeske, R. D., & Koeske, G. F. (1989)	Address the potential impact of workload on social workers and if there are ways to provide support to combat the occurrence of burnout.	Maslach Burnout Inventory Workload, social support, and work stress survey
	Exploring individual and organizational factors contributing to compassion satisfaction, secondary traumatic stress, and burnout in domestic violence service providers	Kulkarni, S., Bell, H., Hartman, J. L., & Herman-Smith, R. L. (2013)	The authors took a more global approach to assessing factors impacting burnout and other negative outcomes among social workers. The focus was personal and organizational variables.	Professional quality of life survey Areas of work life scale Measure of coping and supervisor quality
	Burnout and death anxiety in hospice social workers	Quinn-Lee, L., Olson-McBride, L., & Unterberger, A. (2014)	The authors addressed what factors contributed to burnout among hospice social workers, largely dependent on open-ended questions.	Maslach Burnout Inventory-Human Services Survey, Death Anxiety Questionnaire, demographic questionnaire, and a set of open-ended questions related to hospice social work
	Social worker burnout in Israel: Contribution of daily stressors	Savaya, R. (2014)	This study identified three daily stressors	Maslach Burnout Inventory

	identified by social workers.		that social workers are exposed to and if they contributed to burnout.	Daily stressors scale
	Personal and occupational factors in burnout among practicing social workers.	Siebert, D. C. (2006)	The aim of this study was to further study burnout and the causal factors due to previous research not inconclusive.	Maslach Burnout Inventory
	Susceptibility to emotional contagion: Its measurement and importance to social work.	Siebert, D. C., Siebert, C. F., & Taylor-McLaughlin, A. (2007)	The aim of this study was to assess emotional contagion and how it correlates with other negative social work outcomes, such as burnout.	Emotional Empathic Tendency Scale Center for Epidemiological Studies–Depression Maslach Burnout Inventory
	Secondary traumatic stress and burnout in child welfare workers: A comparative analysis of occupational distress across professional groups	Sprang, G., Craig, C., & Clark, J. (2011)	This study took a subgroup of social workers, child welfare workers, and addressed the prevalence of burnout and secondary traumatic stress. With an emphasis on the exposure child	The Professional Quality of Life—R-IV

			welfare workers have to trauma.	
	The influence of risk and protective factors on burnout experienced by those who work with maltreated children.	Stevens, M., & Higgins, D. J. (2002)	To address how exposure to trauma impacts the social worker who works with maltreated children and their families was the goal of this article. Specifically, the degree of burnout and trauma symptoms, personal histories and coping strategies were the highlighted variables.	<p>The Family Adaptability and Cohesion Evaluation Scales</p> <p>The Comprehensive Child Maltreatment Scales for Adults</p> <p>The Trauma Symptom Checklist-40</p> <p>Ways of Coping Checklist</p>
	The role of empathy in burnout, compassion satisfaction, and secondary traumatic stress among social workers	Wagaman, M. A., Geiger, J. M., Shockley, C., & Segal, E. A. (2015).	This study addressed what variables are in the social workers control to protect against burnout and how empathy becomes a factor.	<p>The Empathy Assessment Index</p> <p>The professional quality of life scale</p>
Social work abstract	Compassion fatigue, burnout, and compassion	Conrad, D., & Kellar-	To better understand the risk of	

	satisfaction among Colorado child protection workers.	Guenther, Y. (2006).	compassion fatigue and burnout and the potential for compassion satisfaction among Colorado child protection workers.	
Article	Preventing burnout in professionals and paraprofessionals who work with child abuse and neglect cases: A cognitive behavioral approach to supervision.	Azar, S. T. (2000)	Discuss a proactive approach to burnout by looking at what can be done by supervisors.	NA
Article	Burnout in social workers treating children as related to demographic characteristics, work environment, and social support	Hamama, L. (2012a)	Addressed if whether contributive factors impacted burnout amongst social workers in Israel	
Article	Differences between children's social workers and adults' social workers on sense of burnout, work conditions and organizational social support.	Hamama, L. (2012b)	This study addressed if there were differences in burnout among social workers in different populations, specifically children vs. adults.	

Article	Trauma and the therapist: The experience of therapists working with perpetrators of sexual abuse	Steed, L., & Bicknell, J. (2001)	This study addressed the issue of social worker exposure to trauma within a specific population, social workers who work with sex offenders. The goal was to add to the grown body of literature pertaining to the impact on workers who are exposed to trauma.	The Compassion Satisfaction/Fatigue Self-Test Impact of Events Scale-Revised
	Systematic Reviews and Meta-Analyses.	Uman, L. S. (2011)	Definition for systematic review	NA

Appendix B: Articles and Research Variables

TITLE	AUTHOR(S)	Population	Burnout Addressed	Risk Factors	Protective Factors	Contextual Information Only
How social workers cope with managed care.	Acker, G. M. (2010).	Social workers in managed care	Yes	No	No	Yes
Compassion fatigue and psychological distress among social workers: A validation study.	Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006)	Social Workers in NYC following 9/11	No	No	No	Yes
Coping strategies and burnout among veteran child protection workers.	Anderson, D. G. (2000)	Child Protection Social Workers	Yes	Yes	Yes	No
Preventing burnout in professionals and paraprofessionals who work with child abuse and neglect cases: A cognitive behavioral approach to supervision.	Azar, S. T. (2000)	Professionals working with victims of child abuse and neglect.	Yes	Yes	Yes	No
Understanding burnout in child and youth care workers	Barford, S. W., & Whelton, W. J. (2010).	Child and youth care workers	Yes	Yes	Yes	No

Prevalence of Secondary Traumatic Stress among Social Workers	Bride, B. (2007)	Masters level social workers in a southern U.S. state	No	No	No	Yes
The climate of child welfare employee retention.	Cahalane, H., & Sites, E. W. (2008)	Graduate level child welfare workers	No	No	No	Yes
Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers.	Conrad, D., & Kellar-Guenther, Y. (2006).	Child protection social workers in Colorado.	Yes	No	No	No
Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists.	Craig, C. D., & Sprang, G. (2010)	Social workers with experience in trauma treatment	Yes	Yes	No	No
Countertransference and positive growth in social workers.	Gibbons, S., Murphy, D., & Joseph, S. (2011)	Social workers in Nottinghamshire	Yes	Yes	No	No
Burnout in social workers treating children as related to demographic characteristics,	Hamama, L. (2012a)	Social Workers	Yes	Yes	Yes	No

work environment, and social support						
Differences between children's social workers and adults' social workers on sense of burnout, work conditions and organizational social support.	Hamama, L. (2012b)	Social Workers	Yes	Yes	Yes	No
Burnout, workplace support, job satisfaction and life satisfaction among social workers in Spain: A structural equation model.	Hombrados-Mendieta, I., & Cosano-Rivas, F. (2013;2011;)	Social workers in Spain	Yes	No	No	Yes
Work load and burnout: Can social support and perceived accomplishment help?	Koeske, R. D., & Koeske, G. F. (1989)	University of Pittsburg MSW students working in direct client contact.	Yes	Yes	Yes	No
Exploring individual and organizational factors contributing to compassion satisfaction, secondary traumatic stress, and burnout in domestic	Kulkarni, S., Bell, H., Hartman, J. L., & Herman-Smith, R. L. (2013)	Domestic violence service providers	Yes	Yes	Yes	No

violence service providers						
Burnout and death anxiety in hospice social workers	Quinn-Lee, L., Olson-McBride, L., & Unterberger, A. (2014)	Hospice social workers	Yes	Yes	Yes	No
Social worker burnout in Israel: Contribution of daily stressors identified by social workers.	Savaya, R. (2014)	Israeli Social Workers	Yes	Yes	Yes	No
Personal and occupational factors in burnout among practicing social workers.	Siebert, D. C. (2006)	Social workers who were members of the NASW	Yes	Yes	No	No
Susceptibility to emotional contagion: Its measurement and importance to social work.	Siebert, D. C., Siebert, C. F., & Taylor-McLaughlin, A. (2007)	Active social workers a part of the NC chapter of the NASW	Yes	Yes	Yes	No
Secondary traumatic stress and	Sprang, G., Craig, C., &	Child welfare workers	Yes	Yes	Yes	No

burnout in child welfare workers: A comparative analysis of occupational distress across professional groups	Clark, J. (2011)					
Trauma and the therapist: The experience of therapists working with perpetrators of sexual abuse	Steed, L., & Bicknell, J. (2001)	Australian therapists	Yes	Yes	Yes	No
The influence of risk and protective factors on burnout experienced by those who work with maltreated children.	Stevens, M., & Higgins, D. J. (2002)	Professionals who work with maltreated children in Australia	Yes	Yes	Yes	No
Systematic Reviews and Meta-Analyses.	Uman, L. S. (2011)	NA	No	No	No	Yes
The role of empathy in burnout, compassion satisfaction, and secondary traumatic stress among social workers	Wagaman, M. A., Geiger, J. M., Shockley, C., & Segal, E. A. (2015).	Field instructors from a large SW University Social Work program	Yes	Yes	Yes	No